MMWR Express: Lessons learned from public health mobile app development

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Director, Informatics Innovation Unit (IIU)
Office of Public Health Scientific Services (OPHSS)

CDC Health Information Innovation Consortium's (CHIIC) Quarterly Forum

May 13, 2014



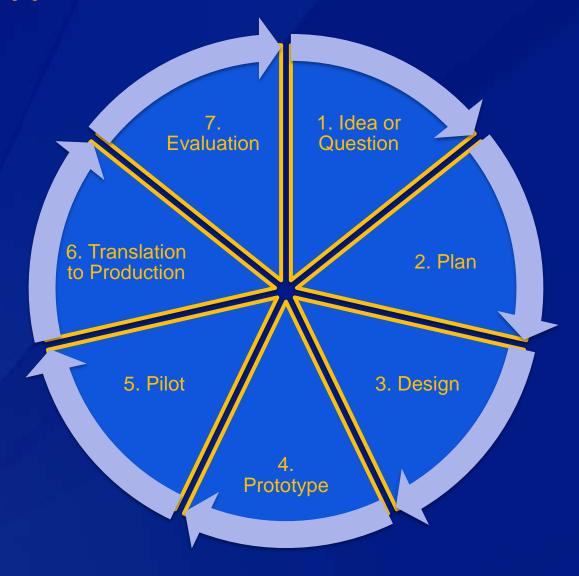
Overview

- Who we are and how we work...
- Context of the project / The Challenge
 - Vision
 - Stakeholders
 - Individual program perspectives
- Our Approach
- Opportunities for reuse within other programs
- Potential enhancement areas
- Validated Learning / Lessons Learned
- Q&A

Informatics Innovation Unit (IIU)

- A resource to CDC and the public health community that studies, prototypes, and tests new and innovative technology-based tools and resources to maximize programmatic public health impact.
- Our philosophy is, "Improving public health through better, faster, and low-cost technology experiments."

Our approach: Informatics Innovation Lifecycle



Project Context / The Challenge

Vision

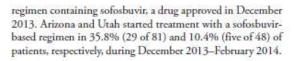
- Provide MMWR content via iPhone...with a user experience that is fast, easy, and relevant
- Content: The MMWR Weekly summary blue boxes

Stakeholders & Program Perspectives

- OPHSS
- MMWR
- IIU
- Public new and existing MMWR users

The Idea Phase

- Goal is to quickly understand the problem / need
- Questions:
 - What do you want to do?
 - Who is going to use it?
 - Personas
 - What is the context?
 - Is there a gap to fill?



Discussion

The implementation of the Project ECHO model in two states demonstrated the utility of this care model in expanding the capacity of primary care clinicians to treat HCV infection. By building collaborations with specialists facilitated by regular videoconferencing, both states recruited and trained clinicians from predominantly rural settings. Almost all (93.9%) of the primary care clinicians had no prior experience in managing HCV infection. Approximately 46% of all patients seen started treatment, a proportion that was more than twice that observed from a CDC study in which 14%-22% of those detected started treatment (3). In a study comparing care delivered by specialists in an HCV clinic at an academic medical center with HCV care and treatment delivered by primary care providers participating in teleECHO clinics, investigators found that care at both settings was equally safe and effective in achieving cure (6). Project ECHO also has been shown to develop knowledge and self-efficacy among participating primary care providers to deliver best-practice care for chronic HCV infection (7).

Each state adapted the Project ECHO model to fit expected needs of its program. In Utah, the health department played an important role in case finding, including those lost to follow up, whereas in Arizona, hepatitis C coordinators were hired to assist clinicians with case management. Arizona also had more frequent presentations (each patient was seen every week), and treatment initiations were synchronized by site.

The findings in this report are subject to at least four limitations. First, treatment completion among some patients who started treatment could not be assessed because patients were either on treatment or had completed therapy and had pending laboratory data at the time of this evaluation. Second, the reasons that treatment was not initiated for some patients could not be assessed. Third, the analysis did not compare differences between Project ECHO implementation in each state and patient treatment decisions. Finally, both Utah and Arizona had either developed a Project ECHO—based program or were in the process of developing it during the 1 year before September 2012; therefore, these state programs might not be representative of programs that might be earlier in development.

CDC and the U.S. Preventive Services Task Force recommend HCV testing for persons born during 1945–1965 and others at risk for HCV infection (8). Studies have revealed

What is already known on this topic?

In the United States, about 3 million persons are estimated to be living with hepatitis C virus (HCV) infection, which is an important cause of morbidity and mortality. However, there is a documented lack of expertise in HCV-related care and treatment among U.S. primary care providers and limited access to specialists, both of which serve as barriers to life-saving treatment for those who are infected. The Extension for Community Healthcare Outcomes project (Project ECHO) has been shown to be an effective model to overcome these barriers.

What is added by this report?

The Project ECHO model was successfully implemented in two states, training 66 primary care clinicians, predominantly from rural settings. Nearly all (93%) of the clinicians had no prior experience in care and treatment of HCV infection. In both states combined, 46% of HCV-infected patients seen in teleECHO clinics received antiviral treatment, a proportion that was more than twice that observed in a CDC study, further demonstrating the utility of this approach in expanding the capacity of primary care providers to treat HCV infection.

What are the implications for public health practice?

The Project ECHO model is an effective evidence-based model that can be used by state and local areas to enhance capacity to manage and treat HCV infection, especially among underserved populations.

that full implementation of these recommendations can avert approximately 120,000 HCV-associated deaths (9). However, limitations in care capacity, particularly in rural areas and other resource-constrained settings, are barriers to achieving the public health benefits of HCV testing, care, and treatment. With training and supervision by specialists, HCV antiviral treatment can be safely and effectively delivered in primary care settings (6,10). Additional safe and effective HCV therapies currently under development could provide new options for primary care clinicians to incorporate management of HCV infection into their practices. Collaborations with specialists will help primary care providers to begin to incorporate new treatments for HCV infection and will be an important measure for improving access and reducing barriers to treatment. The results of this evaluation demonstrate Project ECHO as a model that can enhance primary care provider capacity to treat HCV infection among underserved populations, including the use of newly approved medications.

Acknowledgments

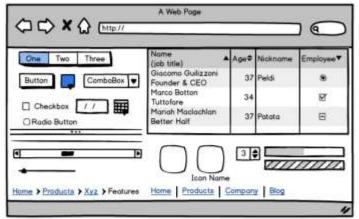
Sanjeev Arora, MD, University of New Mexico Health Sciences Center. Gilberto Ramirez, MBA, Division of Viral Hepatitis, National Center for National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC.

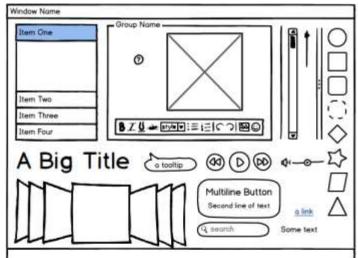
The Design Phase

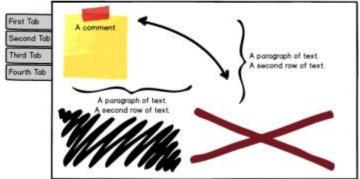
- Focus on User Experience
 - Outcome of this may impact the software architecture
- Now is not the time to constrain, just yet....
- Artifacts:
 - 1. First... Lo-fidelity Digital Mockup
 - 2. Then.... show the draft design to developers
 - 3. Finally... High Fidelity Digital Mockup
- Tools:
 - Balsamiq Mockups to create
 - Notableapp.com to share
 - Many other rapid prototyping tools

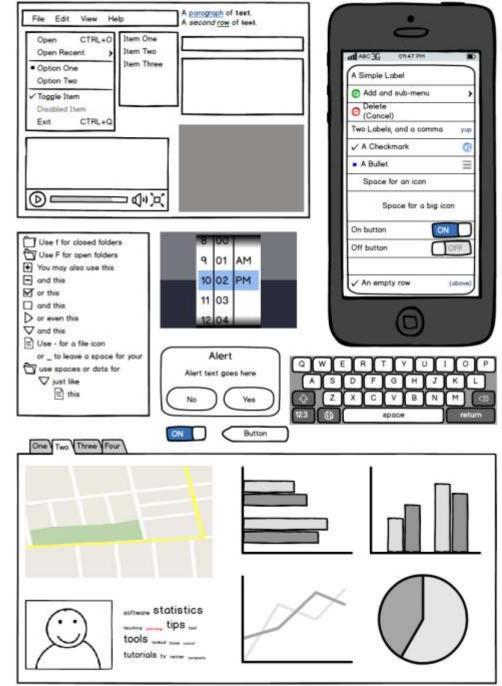
The Design Phase

Examples of key tools









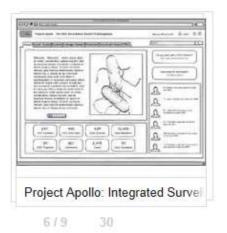




5/13

31

















10/23

66







The Design Phase

Lo Fidelity Digital Mockup





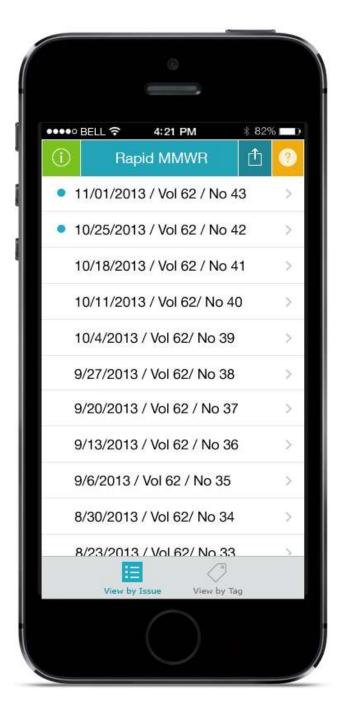


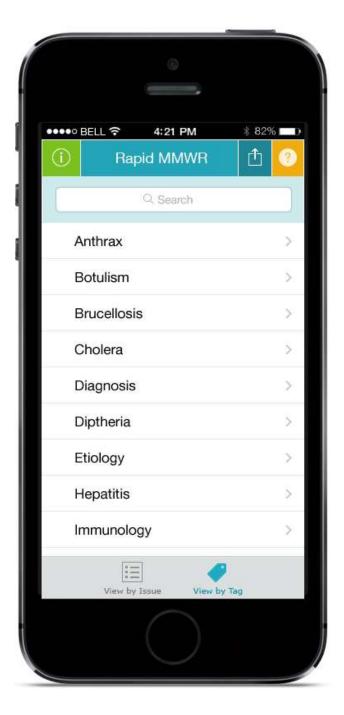


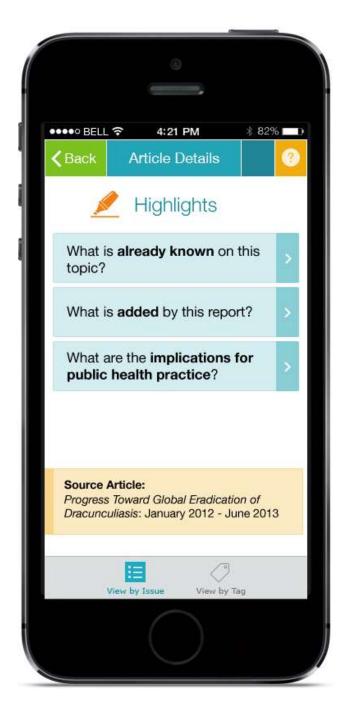
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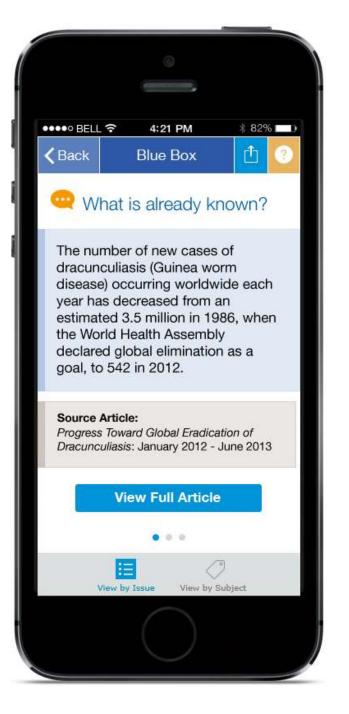
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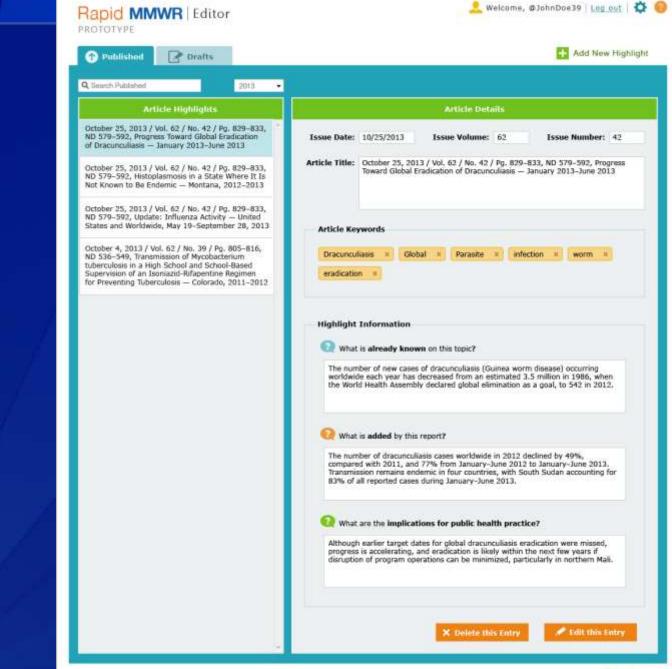
High Fidelity Digital Mockup













The Prototype Phase

Before you build....

Think about:

- How are you going to build (e.g., Agile Scrum)
- How are you going to manage your code? (builds, etc.)
- How are you going to keep track of features, bugs, etc.?
- How are you going to distribute your app to your early testers?
- How are you going to facilitate your team's collaboration / information sharing?
- Here's how we tackled those questions...



CODE: An Open Source Development Tools Portal



A Resource of the Informatics R&D Laboratory

CDC Public Health Informatics & Technology Program Office

Many of the tools require a username and password to edit or modify. Please email InformaticsLab@cdc.gov to request commit privileges or with other questions. Read-only access is available without a username and password.

Tools

- Confluence: http://code.phiresearchlab.org/confluence Collaborate
- JIRA: http://code.phiresearchlab.org/jira Track Projects
- Github source code repository: https://github.com/informaticslab View Project Source Code

News & Updates

 Git access to project source code, not available through Github.com. Subversion deprecated.

12/03/2012, 4:55PM

 CODE resources now online and available for use: Subversion, JIRA, Confluence.

8/18/2011, 6:50PM

 Suggest a new feature, report a bug or recommend the creation of a new project through the Informatics Lab JIRA tracker.

08/18/2011, 6:57 PM





Other Resources

- Git clone: "git clone https://github.com/informaticslab/shirly.git shirly", for more information on how to use git, try the tutorial.
- . [deprecated, will not work for much longer] SVN checkout: "svn co http://code.phiresearchlab.org/svn/informaticslab//cprojectname>/trunk"



CODE is a resource provided by the CDC Informatics R&D Lab for use by the public health informatics community to collaborate on software projects.

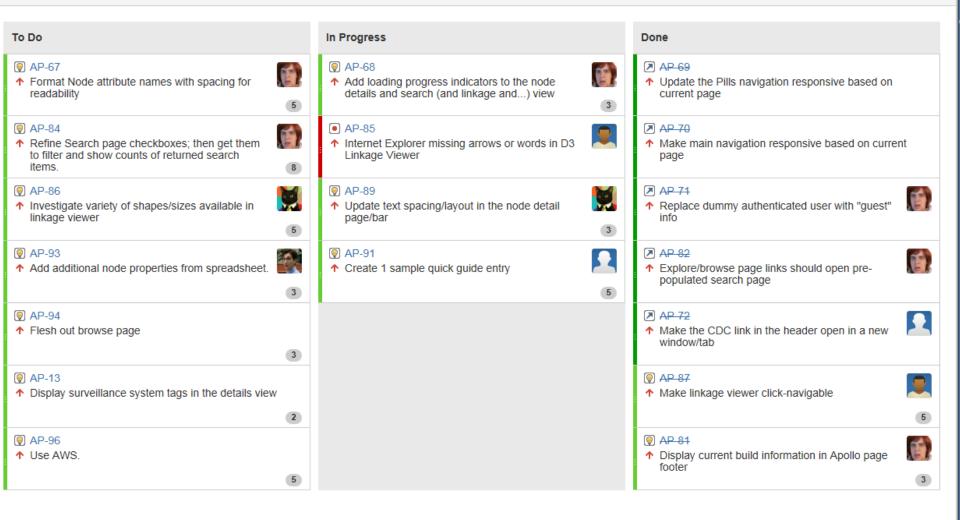
This is a new site and features will be added incrementally based on input from participants and priorities of the R&D Lab. Enjoy and collaborate away!

More |



SPRINT: Sprint 3

QUICK FILTERS: Only My Issues Recently Updated



Give GreenHopper feedback!

Tools *



InformaticsLab



Blog

SPACE SHORTCUTS

File Lists



Rapid MMWR (Project Photon)

MMWR Highlights Mobile App

High-fidelity comps of MMWR E...

Photon-Admin (Blob-The-Builde...

Pages / Home / Rapid MMWR (Project Photon)

MMWR Highlights Mobile App

@ 2 Added by Tom Savel, last edited by Sara Brown on Nov 25, 2013 (view change)

Goal: Create a fast and easy to use mobile app to read the "blue box" sections in Weekly MMWR reports.

Key points:

- · For iOS specifically iPhone / iPod touch
 - · based on feedback will expand to other platforms e.g., Android
- Rapid
- Easy to use

Here is a link to a PDF which contains the 1st draft of a low-fidelity digital mockup - with 19 screenshots:

rapidMMWR 10312013.pdf

It includes both the mobile app as well as a administration website which would be used by the MMWR staff to populate the mobile app.

A similar version of this PDF is also available on notableapp.com (which allows for comments / feedback)

Second round of high fidelity digital mockups can be found here. (Note: On page 7 of this PDF, the screen's main header reads, "Rapid MMWR." This was an oversight. It should read, "MMWR Express.")

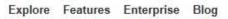
UI color specifications for Greg's implementation can be found here.

High-fidelity mock-ups of screens under the "Info" button: PDF here

No labels

1 Comment





Objective-C

PHP

Objective-C

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Sign in



CDC Public Health Informatics Lab

Atlanta

http://www.phiresearchl....

InformaticsLab@cdc.gov

Filters +

apollo CSS

Integrated Surveillance Portal web site.

Updated 23 minutes ago

photon

Updated 3 hours ago

site

Joomla installation for main Lab web site

Updated 4 days ago

pedigree

Family Heath iPhone App prototype

Updated 7 days ago





Explore Features Enterprise Blog

Sign up

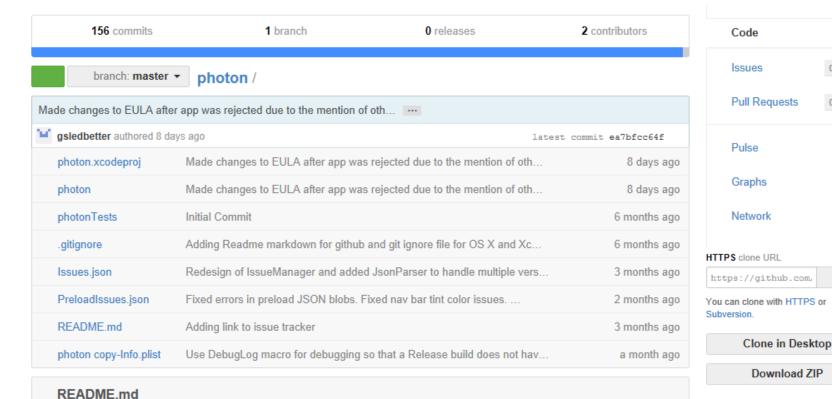
Star

Sign in

Fork

PUBLIC

informaticslab / photon



Rapid MMWR iPhone App (Photon)

The Rapid MMWR iPhone app provides quick access to highlights from each article in the MMWR Weekly.

Issue tracker is available: JIRA



Sign up Sign in

Star

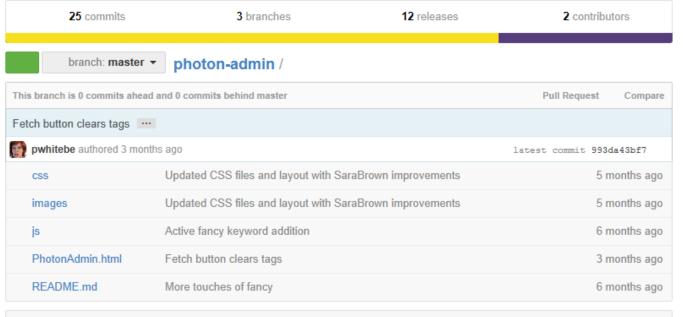
Fork 2

PUBLIC

informaticslab / photon-admin

forked from pwhitebe/Photon-Admin

The Photon-Admin is a web-application that used to help manage and publish content for the Rapid MMWR iPhone app (Photon)



README.md

Photon-Admin

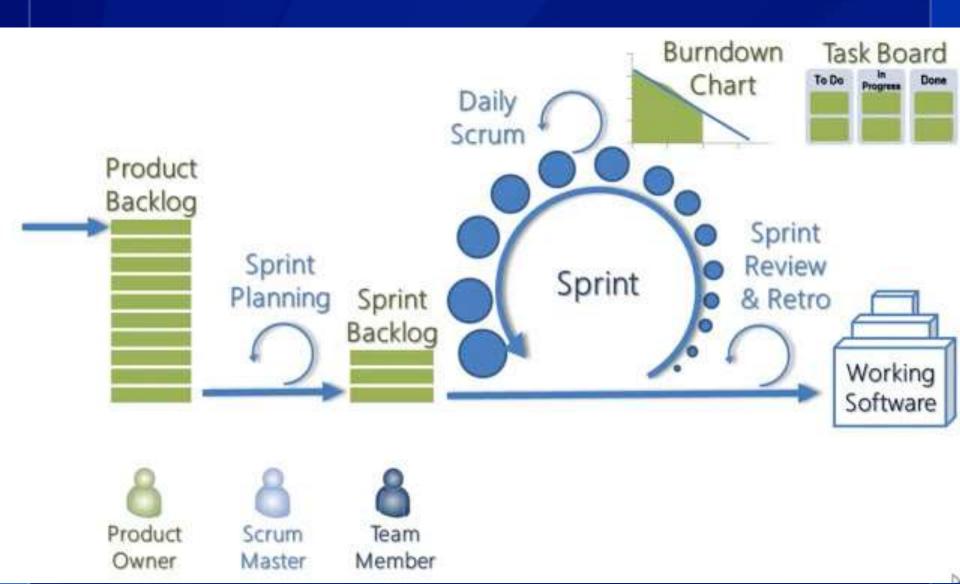
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Issue tracker is available through Lab Jira



The Prototype Phase

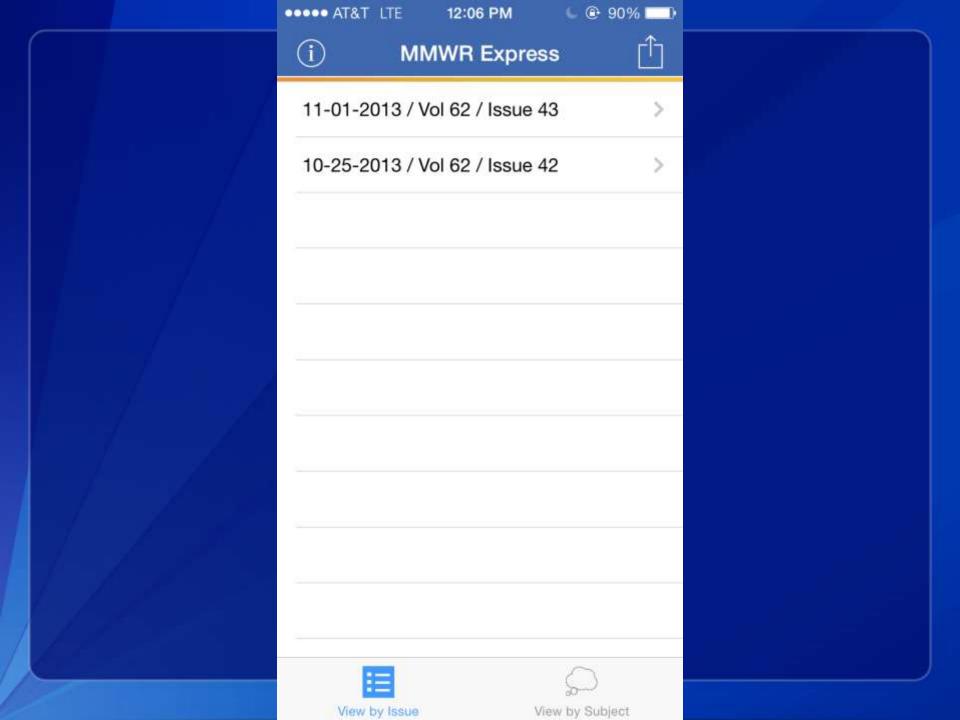
- Also, before you build....think about:
 - OS Version requirements (e.g., iOS 6 vs 7j)
 - Keep in mind the Pareto principle (80/20 rule)
 - Platform requirements (e.g., Universal app?)
 - iPhone, iPad, etc.
 - Overall Architecture
 - API Issues?
 - Does your app pull or push data?
 - Does it integrate with a separate web app?
 - Data persistence issues?
 - What data does your app store?
 - Security issues, etc.?



	Functionality 01		Functionality 02		Functionality 03		Functionality 04	
Sprint 13			User Story	User Story			User Story	User Story
			User Story	User Story			User Story	
Sprint 14	User Story	User Story	User Story	User Story	User Story		User Story	
		User Story	User Story					
Sprint 15		User Story	User Story	User Story	User Story			User Story
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	User Story	User Story	User Story					
	User Story							

The Prototype Phase

■ The design and technical infrastructure continued to evolve and be refined....





Issue 43

Blue Box





What is already known on this topic?

What is added by this report?

What are the implications for public health practice?

Source Article:

Comorbidity in Adults with Epilepsy — United States, 2010

This page was completely removed...

(not just modified)

by the end of the prototype phase









Blue Box





What is added by this report?

This study, based on the 2010 National Health Interview Survey, found that adults with epilepsy reported co-occurring cardiovascular, respiratory, some inflammatory, and other disorders more frequently than respondents without epilepsy.

Source Article:

Comorbidity in Adults with Epilepsy — United States, 2010

View Full Article



5-

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Article URL: //mmww/preview/mmwwrhtm//mm0318a2.htm?s_cid=mm0318a2_w Issue Date: 2014-05-09 Volume Number: 63 Issue Number: 18 Article Title: Expanding Primary Care Capacity to Treat Hepatitis C Virus Infection Through an Evidence-Based Care Model — Arisona and Utah, 2012-2014 Article Subjects: Hepatitis C × Arizona × Utah × Type a keyword, then hit Enter. Surround "multi-word keywords" with quotation marks. Blue Box Topics What is already known on this topic? In the United States, about 3 million persons are estimated to be living with hepatitis C virus (NCV) infection, which is an important cause of morbidity and morbially. However, where is a documented lack of expertise in MCV-related care and treatment among U.S. primary What is added by this report? The Project ECMO model was successfully implemented in two states, training 66 primary care clinicians, predominantly from rural settings. Nearly all (93%) of the clinicians had no prior experience in care and treatment of MCV infection. In both states combined, 46% virus of the Company of the		Photon Admin JSON Generator
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Please copy (Control+C) and paste the JSON Blob into the CDC Content Syndication Service Admin Site.

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{"issue-date":"2014-05-09","issue-vol":"63","issue-no":"18","title":"Expanding Primary Care Capacity to Treat Hepatitis C Virus Infection Through an Evidence-Based Care Model — Arizona and Utah, 2012-2014", "already_known": "In the United States, about 3 million persons are estimated to be living with hepatitis C virus (HCV) infection, which is an important cause of morbidity and mortality. However, there is a documented lack of expertise in HCV-related care and treatment among U.S. primary care providers and limited access to specialists, both of which serve as barriers to life-saving treatment for those who are infected. The Extension for Community Healthcare Outcomes project (Project ECHO) has been shown to be an effective model to overcome these barriers. ","added by report": "The Project ECHO model was successfully implemented in two states, training 66 primary care clinicians, predominantly from rural settings. Nearly all (93%) of the clinicians had no prior experience in care and treatment of HCV infection. In both states combined, 46% of HCV-infected patients seen in teleECHO clinics received antiviral treatment, a proportion that was more than twice that observed in a CDC study, further demonstrating the utility of this approach in expanding the capacity of primary care providers to treat HCV infection. ","implications": "The Project ECHO model is an effective evidence-based model that can be used by state and local areas to enhance capacity to manage and treat HCV infection, especially among underserved populations.","tags":[{"tag":"Hepatitis

C"},{"tag":"Arizona"},{"tag":"Utah"}],"url":"http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6 318a2.htm?s_cid=mm6318a2_w","content-ver":"1","schema-ver":"1"}



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3352	2014-05	09 / Vol. 63 / No. 18 Primary and Secondary Syphilis — United States, 2005–2013		V	5/8/2014 2:21:49 PM	<u> </u>
3351	2014-05	09 / Vol. 63 / No. 18 Early Identification and Linkage to Care of Persons with Chronic Hep		V	5/8/2014 2:11:19 PM	V
3347	2014-05	09 / Vol. 63 / No. 18 Expanding Primary Care Capacity to Treat Hepatitis C Virus Infection		V	5/8/2014 2:08:04 PM	<u></u>
3311	2014-05	02 / Vol. 63 / No. 17 Outbreak of Campylobacteriosis Associated with a Long-Distance Obsta		V	5/2/2014 9:56:10 AM	V
3312	2014-05	02 / Vol. 63 / No. 17 Falls and Fall Injuries Among Adults with Arthritis — United States,		V	5/1/2014 9:59:19 AM	V
3310	2014-05	02 / Vol. 63 / No. 17 Potentially Preventable Deaths from the Five Leading Causes of Death		V	5/1/2014 9:49:55 AM	V
3275	2014-04	25 / Vol. 63 / No. 16 Surveillance Systems to Track Progress Toward Global Polio Eradicati		V	4/24/2014 2:01:02 PM	V
3274	2014-04	25 / Vol. 63 / No. 16 Benefits from Immunization During the Vaccines for Children Program		V	4/24/2014 1:58:57 PM	V
3273	2014-04	25 / Vol. 63 / No. 16 Indoor Firing Ranges and Elevated Blood Lead Levels — United States,		V	4/24/2014 1:55:50 PM	V
3272	2014-04	25 / Vol. 63 / No. 16 Occupational Ladder Fall Injuries — United States, 2011		V	4/24/2014 1:51:34 PM	V
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The Pilot Phase

- Challenges
 - Facilitate app distribution
 - Fast fixes and re-release
 - Tracking of bugs
 - Tracking of feature requests from beta testers
- The App will need those help screens now!
- Tools which help us:

Public Health Prototypes App Lab



A tool for the Lab, CDC, & its community partners to test and collaborate on innovative mobile apps

Disclaimer



iPhone Prototypes



PTT Advisor

Assists clinical providers in their evaluation of patients with an abnormal clinical laboratory blood test, specifically an abnormal PTT (Partial Thromboplastin Time).

View in iTunes



Graduated to the Apple App Store: 7/6/12



ATSDR ToxGuide

Quick reference guide provides information such as chemical and physical properties, sources of exposure, minimal risk levels, children's health, and health effects.

View in iTune

Released: 6/4/12



STD Guide, Version 2

Enhanced prototype for CDC's 2010 STD Treatment Guidelines, A Reference for clinicians on the identification of and treatment regimen for STDs. Version 2 has a more "portal" feel than v1.

View in iTunes







The goal of this unique prototype has been to collaborate with CDC's STD team to design mobile apps for the iOS and Android operating systems based on the 2010 STD Treatment Guidelines.



NIOSH Facepiece Respirator Guide

Built in collaboration with The National Institute for Occupational Safety and Health (NIOSH). For quickly exploring the database of NIOSH-approved particulate filtering facepiece respirators.

-90 AT&T 4G

View in iTunes

Released: 6/4/12

STD Guide, Ve

Early mobile applic STD Treatment Gu

on the identification

STDs.

Informatics R&D Laboratory Public Health Prototypes App Lab

A tool for the Lab, CDC, & its community partners to test

PTT Advisor

1:11 PM

and collaborate on innovative mobile apps

Disclaimer

√ ※ 84%

■

Early-stage prot

iPhone Prototypes



View in iTune:

Mobile Prototy

These limited prot feature functional mobile developmen tools, we are able

View Apps

Tool-testing pro



Assists clinical providers in their evaluation of patients with an abnormal clinical laboratory blood test, specifically an abnormal PTT (Partial

Thromboplastin Time). Graduated to App Store



NIOSH Facepiece











The world flies on TestFlight.

Fortune 500 companies, investors, top publishers, independents, students... from experts to beginners, they're all here. Most of the world's developers rely on the TestFlight platform for beta testing, crash reporting and analytics.

The Launch / Transition to Production Phase

- No "cookie cutter" approach
- Variability based on
 - Platform
 - iOS vs Android
 - Organization
 - Federal, State, Academic
- License and EULA issues have to be addressed!



MMWR Express





Summary



What is already known?

A second dose of varicella vaccine was recommended for children by the Advisory Committee on Immunization Practices in 2007, and the recommendation has been followed by decreases in varicella incidence nationwide. However, estimates of 2dose varicella vaccination coverage have not been available previously.



Updating articles...

MAR 28, 2014

VOL 63 NO 12

State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Coverage -United States, 2008-2014



Invasive Cancer Incidence — United States, 2010



MAR 21, 2014

VOL 63 NO 11

Update on Vaccine-Derived Polioviruses - Worldwide, July 2012-December 2013



Combined Use of Inactivated and Oral Poliovirus Vaccines in Refugee Camps and Surrounding Communities

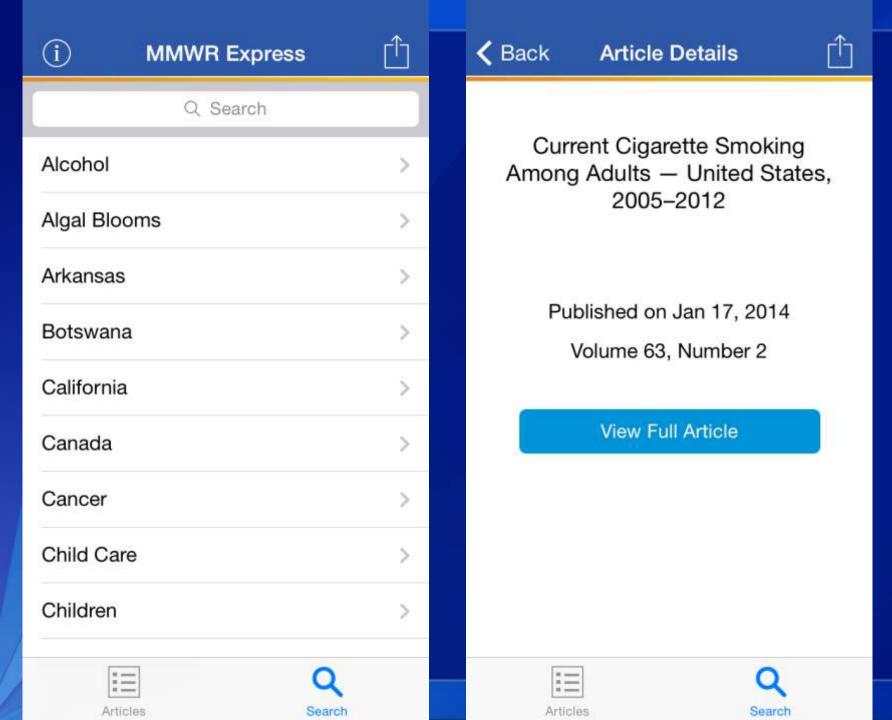












≺ Back Disease Prevalence



Current Cigarette Smoking Among Adults — United States, 2005–2012



Progress Along the Continuum of HIV Care Among Blacks with Diagnosed HIV— United States, 2010



Declines in Student Obesity
Prevalence Associated with a
Prevention Initiative - King County,
Washington, 2012



Lung Cancer Incidence Trends Among Men and Women — United States, 2005–2009





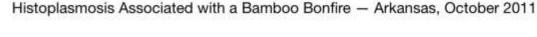






Feb 28, 2014 Vol 63 No 8

Two-Dose Varicella Vaccination
Coverage Among Children
Aged 7 years — Six Sentinel
Sites, United States, 2006–2012





What is already known?

The association of Histoplasma capsulatum with bird feces, bat guano, or disturbed ground has long been established.



Vol 63 No 7

 Update: Influenza Activity United States, September 29, 2013-February 8, 2014



Influenza-Associated Intensive-Care Unit Admissions and

 Deaths — California,
 September 29, 2013–January 18, 2014



Declines in Student Obesity Prevalence Associated with a Prevention Initiative - King County, Washington, 2012



Interim Estimates of 2013–14
Seasonal Influenza Vaccine
Effectiveness — United States,
February 2014



Follow-Up of Infants Diagnosed with HIV - Early Infant Diagnosis Program, Francistown, Botswana, 2005-2012



What is added by this report?

This report describes efficient transmission of H. capsulatum in the setting of a bonfire of bamboo that was previously used as a blackbird roost. This bonfire was the only common exposure reported by all ill attendees.



What are the implications for public health practice?

Clinicians should be aware that exposure to a bonfire of bamboo in which birds have previously roosted might be a risk factor to consider when questioning patients with signs and symptoms of histoplasmosis.









No Ratings Rating: 4+

LINKS

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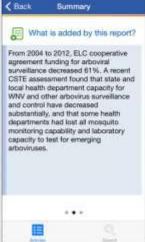
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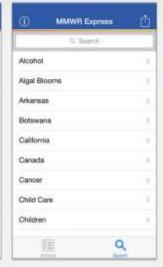
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Details Ratings and Reviews Related

Screenshots Phone Part









Description

MMWR Express provides fast access to the blue summary boxes in MMWR's Weekly Report.

The Morbidity and Mortality Weekly Report (MMWR) series is prepared by the Centers for Disease Control and Prevention (CDC). Often called "the voice of CDC," the MMWR series is the agency's primary vehicle for scientific publication of timely, reliable, authoritative, accurate, objective, and useful public health information and recommendations.

Summaries are viewable by specific MMWR article, or by searching for a specific subject (e.g., salmoneta).

This application is a result of collaboration between CDC's MMWR staff and the informatics innovation Unit staff within the Office of Public Health Scientific Services.

Features:

- Allows user to search for summaries by either specific MMWR article or by specific subject in g., salmonella).
- Rapidly loads new unread articles when user swipes down on the main list of articles.
- Automatically marks each unread article with a blue dot, which disappears once the summary blue box has been viewed.
- Enables the sharing of articles via email, text message, Facebook, and Twitter.
- Provides easy access to full articles on the main MWWR site. If the user wants more information.

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Information

Seller Centers for Disease Control and Prevention Category Medical

Updated May 6, 2014 Version 1.0.0 Size 3.2 MB Rating Rated 4+

Reuse Opportunities

- Our Knowledge- Prototyping / Development Process
 - How we design
 - Mockups, etc.
 - How we build
 - Collaboration, code management, automated build process, etc.
 - Scrum
 - How we test /deploy
 - How we Collaborate
- Tools What we've created, as well as what we use...
 - Applab, JIRA, Confluence, Github
- Our Code
 - To this and other projects

Potential Enhancement Areas

Current App

- Enhancements
 - Videos, interactive graphics, new MMWR content types: Vital Signs, Notes from the Field, etc.
 - Stateful vs Stateless content repository tool

New Apps

- Android Platform
- Windows Platform

Validated Learning / Lessons Learned - General

- Every app has its limitations
- The Good vs The Perfect
- Incremental Approach
- Value of the mockup
- Small real estate is never simple
- There are always trade-offs
 - e.g., Responsive Design vs. Native
- Find the balance: Creativity vs. Discipline

Validated Learning / Lessons Learned - Specific

- Value of the CDC Content Syndication tool for dynamic data
- Early coordination with OADC
- Value of creating tablet versions of smartphone apps
- Data entry issues:
 - Focusing on keeping level of effort low
 - Providing support / training for data entry is key

Thank you!

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





